

## FERENCE & ASSOCIATES

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### USPTO FACSIMILE COVER SHEET

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To: Commissioner for Patents  
Fax Number: (703) 872-9306  
Date: November 3, 2004  
Pages: 15 pages (including this cover sheet)

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#### MESSAGE:

Application No. 09/843,548  
Examiner H. Phillips  
Art Unit 2151

Amendment Transmittal  
Amendment

JP919990027US1  
(590.049)

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FERENCE & ASSOCIATES  
Amendment Transmittal

Atty. Docket No. JP919990027US1  
(590.049)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of : Koichi Nakamura  
Serial No. : 09/843,548 Examiner : H. Phillips  
Filed : April 26, 2001 Group Art Unit : 2151  
For : OWNER IDENTIFICATION OF COLLABORATION WORK  
OBJECT

HON. COMMISSIONER FOR PATENTS  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

1. ☐ Applicant requests an extension of time to respond to the outstanding Office Action. A Petition for an extension of time is enclosed.
- OR
2. ☒ In the event that an extension of time is required, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time.
3. ☐ Small Entity status of this application has been established by a verified statement previously submitted.
4. ☐ A verified statement to establish Small Entity status is enclosed.

CERTIFICATE OF FACSIMILE TRANSMITTAL

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being facsimile transmitted on (703) 872-9306 on November 3, 2004 to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Stanley D. Ference III

(Type or print name of person transmitting paper or fee)

  
(Signature of person transmitting paper or fee)

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PERENCE & ASSOCIATES  
Amendment Transmittal

Atty. Docket No. JP919990027US1  
(590.049)

5. ☐ Also enclosed: \_\_\_\_\_
6. ☒ No additional filing fee is required.
7. ☐ The filing fee has been calculated as shown below:

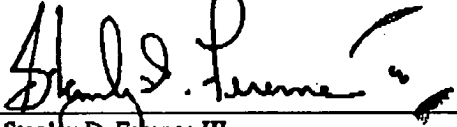
	Claims Remaining After Amendment (Col. 1)	Highest No. Prev. paid for (Col. 2)	Present Extra (Col. 3)	SMALL ENTITY			OTHER THAN A SMALL ENTITY		
				RATE	FEE		RATE	FEE	
Total	16	** 20	= * 0	x \$9	=	O	x \$18	=	
Claims						R			
Ind.	5	*** 5	= * 0	x \$44	=	O	x \$88	=	
Claims						R			
<input type="checkbox"/> Multiple Dependent Claim Presented				+ \$150	=	O	+ \$300	=	
						R			
				TOTAL	= \$	O	TOTAL	= \$	
						R			

- \* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.  
 \*\* If the "Highest No. Prev. paid for" in this space is less than 20, write "20" in this space  
 \*\*\* If the "Highest No. Prev. paid for" in this space is less than 3, write "3" in this space.

8. ☐ Applicant encloses herewith a check for \$\_\_\_\_\_ to cover the filing fee.
9. ☐ The Commissioner is hereby authorized to charge the \$\_\_\_\_\_ filing fee to Deposit Account No. 50-0510.
10. ☒ The Commissioner is hereby authorized to charge payment of any additional filing fees associated with this communication or credit any overpayment to Deposit Account No. 50-0510.

Respectfully submitted,

PERENCE & ASSOCIATES

By   
Stanley D. Ference III  
Reg. No. 33,879

Dated: November 3, 2004

Mailing Address:

Customer No. 35195  
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